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City of Long Beach



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*Assistant Superintendent
of Parks & Recreation*
Paul Ferrante

Department of Parks & Recreation

FALL 2016 AQUATIC ARTHRITIS EXERCISE PROGRAM

REGISTRATION: \$40.00

ADMISSION FEE: \$8.00 for Adults
\$4.00 for Senior Citizens (60 +)
(Fee paid if you are not a member of the facility)

Schedule of Classes:

	September	October	November	December
Monday 10:00 – 11:00 a.m.	26	17-24	7-14-21-28	5-12-19
Wednesday 10:00 – 11:00 a.m.	28	5-19-26	2-9-16-23-30	7
Friday 9:00 - 10:00 a.m.	30	7-14-21-28	4-18	2-9-16

Fall Arthritis 2016

**Put Telephone # on check

Name _____

Address _____

Phone _____ Age _____ D.O.B. _____

Emergency
Name _____

Emergency
Phone # _____

Type of Arthritis (if known) _____

Doctor's Name _____ Phone # _____

NO REFUNDS – NO EXCEPTIONS!!

For Rec Use Only: Receipt # _____ Date ____/____/16 Staff _____ Posted _____

City of Long Beach



Department of Parks & Recreation

Fall 2016 Arthritis Exercise Program

Arthritis Foundation Aquatic Program

Dear Interested Applicant:

Thank you for your interest in the Arthritis Foundation Aquatic Program. This Recreational Program is conducted by the City of Long Beach Recreation Department and conforms to the guidelines of the Long Island Division of the Arthritis Foundation.

This program consists of 30 sessions over a 3 month period. There is a program fee of \$40.00. In addition, pool admission per session will be charged prior to each class meeting. Applicants also have the option to purchase a membership pass to the Recreation Center.

Your physician's consent is requested prior to participation in this course. If you are interested in attending this program, please have your physician complete the consent form with the enclosed application and a check made payable to: City of Long Beach.

Sincerely,

Paul Ferrante

Acting Assistant Superintendent

Parks and Recreation

City of Long Beach



Department of Parks & Recreation

AQUATIC ARTHRITIS EXERCISE PROGRAM PHYSICIAN CONSENT FORM

Patient's Name: _____

Diagnosis (type of arthritis) _____

Please indicate if there are any special precautions or reasons why this patient should not participate in the Long Beach Recreation Aquatic Arthritis Exercise Program:

This patient has my approval to participate in the Aquatic Arthritis Exercise Program

Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____

Physicians Signature

Date